

Maximum Time Frame Appeal

Website: financialaid.highline.edu



Where to submit this form: You can submit this form using our [Document Upload Form](#)

How to check your status online: Go to your [Financial Aid Portal](#)

Student Information

Last Name

First Name

Date of Birth (mm/dd/yyyy)

Student ID Number

Directions

Complete this form with one of the following individuals:

a. Faculty Advisor

If you have a faculty advisor you work closely with, please schedule an appointment, or visit during office hours to meet with this individual. Department information can be found in our [directory](#). **Note:** Faculty advisors are not available during breaks between quarters.

b. Academic Advisor

You may see an academic advisor in Building 6, lower floor. Visit [Advising](#) to schedule an appointment or view drop-in schedules.

Required Information

1. Specify your program type and program name: _____

* **Examples:** AA, AA-Emphasis in English, AS-Engineering, Associate in Pre-Nursing, AAS-Personal Fitness Trainer, Cert.-Paralegal Plus, BAS-Youth Development

2. Explain what unusual circumstances resulted in you not being able to complete your program of study within your maximum time frame. Per Federal regulations, you must provide supporting documentation.

3. If applicable, list any previous program of studies you have attempted at Highline College.

- Program type and name: _____
- Program type and name: _____
- Program type and name: _____

4. **Student Affirmation** - I affirm that the information provided in this application and other financial aid documents is true and correct to the best of my knowledge. I agree that I have reviewed, understand, and agree to the conditions, responsibilities, and obligations to receive financial aid for the academic year as stated in the Conditions of Award, and Satisfactory Academic Progress Policy available on the Financial Aid website. I also understand if I submit all required items after the published deadline, tuition is my responsibility, and the Financial Aid Office will not hold my classes.

Student Signature

Date

***Financial Aid Education Plan – This section to be completed by your advisor**

Academic/Faculty Advisor: Please list only the remaining required course(s) needed to complete the program. **You must include course credit hours and total credits.** **Note:** You may include transfer or prerequisite requirements, but you must mark them with an asterisk (*). Remember, the Financial Aid Office only funds courses required for graduation/completion. This is for student planning purposes only.

Quarter 1	Course/Department	Credits	Quarter 2	Course/Department	Credits
Quarter 3	Course/Department	Credits	Quarter 4	Course/Department	Credits
Quarter 5	Course/Department	Credits	Quarter 6	Course/Department	Credits
Quarter 7	Course/Department	Credits	Quarter 8	Course/Department	Credits

☐ Check here if attaching separate sheet with courses required for program of study.

* **Total credits needed to complete program:** _____ credits

• **Advisor Notes:**

Advisor Name

Advisor Signature

Advisor ctcLink ID

Date

Financial Aid Determination – This section to be completed by Financial Aid

1. Maximum Time Frame Calculation

_____	x 125% =	_____	-	_____	=
Required Credits		Max Credits		Attempted Credits	Remaining Credits
_____	x 150% =	_____	-	_____	=
Required Credits		Max Credits		Attempted Credits	Remaining Credits

2. Appeal Determination

☐ Approved – begins: _____ Credits Approved: _____

☐ Denied

• Reason for denial: _____

3. Advisor Initials: _____